

09/530968

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
4				1		1
5				1		1
6				1		1
7				1		1
8				1		1
9				1		1
10				9		9
11				9		9
12				9		9
13				9		9
14			1		1	
15				1		1
16				1		1
17				1		1
18				1		1
19				2		2
20				2		2
21				1		1
22				1		1
23				1		1
24				1		1
25				1		1
26				1		1
27				1		1
28				1		1
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34				1		1
35				1		1
36				1		1
37				1		1
38				1		1
39				1		1
40				1		1
41				1		1
42				1		1
43				1		1
44				1		1
45				1		1
46				1		1
47				1		1
48				1		1
49				1		1
50				1		1
TOTAL IND.			2		2	
TOTAL DEP.			57		83	
TOTAL						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						

BEST AVAILABLE COPY